

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Map</i>		2/3/00
O.I.P.E. CLASSIFIER	<i>N.2</i>	45	2/24
FORMALITY REVIEW	<i>21</i>	<i>204</i>	3/23/00
RESPONSE FORMALITY REVIEW			

5/19/00

INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| ÷ | Restricted                 | O | Objected     |

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If more than 150 claims or 10 actions  
staple additional sheet here

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